

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH ✓

State File No.

12129

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 58

1. PLACE OF DEATH:

- (a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Hula Jessie Cerevich 612
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Cerevich 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 14th 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 1 _____ hr. min.

9. Birthplace _____
(City, town, or county) (State or foreign country) Mo

10. Usual occupation At home

11. Industry or business _____

- MOTHER FATHER { 12. Name Americus Hewell
13. Birthplace _____
(City, town, or county) (State or foreign country) Unk S
14. Maiden name Mary Foster
15. Birthplace _____
(City, town, or county) (State or foreign country) Unk S

16. (a) Informant's own signature John Cerevich
(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Mar 18th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly

19. (a) Mar 18-1940 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 711 Vincil
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1940 hour 11 minute 00 a.m.

21. I hereby certify that I attended the deceased from June 11
1935, to March 15, 1940;
that I last saw her alive on March 15, 1940
and that death occurred on the date and hour stated above.

- Immediate cause of death Cornary Thrombosis Duration any 1939

- Due to Hypertensive Heart Disease

- Due to _____

- Other conditions no
(Include pregnancy within 3 months of death)

- Major findings: no
Of operations

- Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Paul Williams (M. D. or other) _____
Address Moberly Mo Date signed 3-18-1940

RECEIVED

District Health Officer No. 10

Licent File Number 4-40-893

Date Filed APR 16 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank S. DeWitt

Licensed Embalmer No. 3021

P. O. Address.....

Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.